Yes No		EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	d" income, tran	s report any other assets, "unearn	EXEMPTION —Have you excluded from th they meet all three tests for exemption?
Yes No No		TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	e on standards ing you, your s	d Trusts" approved by the Commit	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and ce be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
STIONS	F THESE QUE	MATION — ANSWER EACH OF THESE QUESTIONS	T INFOR	DEPENDENT, OR TRUST INFORMATION	EXCLUSION OF SPOUSE, I
red and the s" response.	must be answered for each "Ye	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	No No	d have any reportable rting period?	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.
Yes No		IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No	nild purchase, sell, saction exceeding Yes	IV. Did you, your spouse, or a dependent child purchase, sell or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.
Yes No		VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	No U	ild receive "unearned" eriod or hold any the end of the period?	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.
Yes No			No X	a donation to charity in e, or article in the Yes	II. Did any individual or organization make a donation to charity lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.
Yes No No	ro'	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	No U	ome (e.g., salaries or ne reporting period? Yes	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.
		EACH OF THESE QUESTIONS	OF THES	- ANSWER	PRELIMINARY INFORMATION
A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 penalty s against anyone w 30 days late.	or Employing Office: Be Termination Termination Date:	Officer or Employee	State: State: State: Amendment	Status House of Representatives Report Type Member of the U.S. House of Representatives
SECTION S	Wis harding the objectives	(Daytime Telephone)		Full Na	
SOURCE CENTER PM 1: 25	LEGISLATIVE RESOURCE CENTER 2008 HAY 15 PM 1: 25	4174-25C-5UZ		DS TANKIED	JOHN SIMNERS
HAND	DEL!	Form A For use by Members, officers, and employees		REPRESENTATIVES STATEMENT ng Period	UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

by the project contribute programs; and		
Source	Type	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland	Legislative Pension	\$9,000
_	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
UNION CITY INSURANCE AGENCY (FAMILY OWNED BUSINESS)	fee	\$100.
STATE OF TENNESSEE RETIREMENT	PENSION	11.958.
NATIONAL GUARD RETIRE MENT	PENSION	23 762.
SHENNANDAH SHUTTERS	SPOUSE SALARY	
BETTY ANN TANNER ACCESSORIES	SPOUSE SALARY	
UNION CITY INSUPANCE	SPOUSE INCOME	

COMMERCIAL BANK	TRUNER FARMS L.P. STOCK 1735 WALKER THUNET PO- UNION CITY, TN.	S. SE	WESTAN INS. STOCK	JT 1st Bank of Paducah, KY Accounts	Examples:	SP, SP Mega Corp. Stock	Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet	Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments).	
	***	<	*	×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000	A B C D E F G H 1 J K L	BLOCK B Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	
×	Preducestie			×		×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership I	ncome or Farm income)	Type of Income Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.	
7	7		×	×	×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 Over \$5,000,000	- II	Amount of Income Amount of Income Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even it reinvested, should be listed as income. Check "None" if no income was received.	! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !
						S (partial)	See below for example. P, S, E	portion of an asset is sold, please indicate as follows: (S) (partial)	Transaction Transaction Indicate if the asset had purchases (P), or sales (S), or exchanges (E) exceeding \$1000 in reporting year.	ם ס

Continuation Sheet (if needed) SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name JOHN S. TANNER Page 5 of 12

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name JOHN S. TANNER

Page 6 of 12

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOHN S. TANNER Page 7 of 12

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· SCHEDULE IV TRANSACTIONS

Name JOHN S. TANNER Page 8 of 12

PIMCO COMMODITY STRAT FUND	MASS INVESTOR TRUST	HEALTHSTREAM	SMALLCAP WORLD	SMALL CAP WORLD	NEW WORLD FUND	NEW PERSPECTIVE	MASS INVESTOR TRUST	DAVIS NEW YORK VENTURE	CITIZEN TY MUNI BOND	CAPITOL WORLD GROWTH + INCOME	BLACKROCK REAL ASSET	BLACKPOCK MRD. CAP.	BLACKROCK MRD. CAP.	ALLIANCE BERNSTEIN GROWTH INCOME	FED. HOME LOAN MORTGAGE - IRA	SP, DC, JT Asset SP Example: Mega Coporation Common Stock (partial sale)	that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.	amount of the transaction exceeded \$1,000. Include transactions	Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting year of any real property,
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SCHEDULE IV—TRANSACTIONS

Name JOHN S. TANNER Page 9 of 12

Amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below. PED. HOME LOAN MTG. FED. HOME LOAN MTG.	Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the
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REDEMPTION SALE ECDEMPTION SALE EXCHANGE A G-1 A G-1	Type of Transaction
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SCHEDULE V— LIABILITIES

Name JOHN S. TANNER Page 10 of 12

cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a

SP, DC, JT	
Example:	
Creditor First Bank of Wilmington, Delaware	
Creditor	
Mortgage	
Type of Liability	
Type of Liability Mortgage on 123 Main St., Dover, Del.	
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\$25,000,000 \$25,000,001-	
\$50,000,000 Over	

SCHEDULE VI— GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$122 or less need not be added towards the \$305 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$305 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

	 	 			_
			Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
			Silver Platter (determination on personal friendship received from Committee on Standards)	Description	
1			\$325	Value	

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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$305 received by

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a

spouse or dependent child that is totally independent of his or her relationship to you.

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						FOUNDATION	AMERICAN ISPACE EDUCATION 8-11-07-		Examples: Chicago Chamber of Commerce	Source
						8-19-07	-10-11-8	Aug. 6–11	Mar. 2	Date(s)
							DC-JERUSALEM-DC	DC—Los Angeles—Cleveland	DC—Chicago—DC	City of Departure—Destination— City of Return
			!				K	~	z	Lodging? (Y/N
							~	~	z	Food? (Y/N
							Y	Y	Z	Was a Family Member Included? (Y/N)
							0	2 Days	None	Number of days <u>not</u> at sponsor's expense

SCHEDULE VIII—POSITIONS

Name JOHN S. TANNER

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organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities; and positions solely of an honorary nature.

		PARTNER	PRESIDENT	Position	
			INESTAN INSURANCE AGENCY (FAMILY DUMED BUSINESS)	Name of Organization	

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of